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\*\* CONTINUING DATA \*\*\*\*\* *ST*

This appln claims benefit of 60/533,550 12/31/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *ST*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>ST</i> Examiner's Signature _____ Initials _____				

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## TITLE

MOBILE TERMINAL WITH ERGONOMIC IMAGING FUNCTIONS

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